

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED

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09 JAN 23 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #	P07000117886
1. Entity Name	
KUMO CAPE CORAL INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2517 SANTA BARBARA BLVD UNIT 12			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
CAPE CORAL, FL			
Zip	Country	Zip	Country
33904			

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01/23/09--01054--004 \*\*150.00

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name	
		LIAN HUA WU	
		Street Address (P.O. Box Number is Not Acceptable)	
		2517 SANTA BARBARA BLVD UNIT 12	
		City	Zip Code
		CAPE CORAL	33904

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11.

TITLE	PRESIDENT	TITLE	
NAME	LIAN HUA WU	NAME	
STREET ADDRESS	2517 SANTA BARBARA BLVD UNIT 12	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33904	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #